DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: CARTER ADULT FAMILY HOME (0008568)

Address: 2584 CTY RD Z, FRIENDSHIP, WI 53934

License Status: REGULAR

Licensed/Certified/Registered 01/01/1999

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey Hi	storv
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Survey ID: 0095253 End Date: 07/19/2005 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0090613 End Date: 07/09/2003 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007814 Served 07/12/2003

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<u>Deficiencies Cited</u>	Subject Area	Verified	Corrected	
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	07/20/2005	Yes	
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	07/20/2005	Yes	
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	07/20/2005	Yes	
88.09(2)(a)	SERVICE PROVIDER RECORD	07/20/2005	Yes	

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